

Entered - 10/09/00 - sb
CL00L0611 - GWENDOLYN BURNS

00-R-1757

CLAIM OF: **JOCELYN BLANCO**
1333 Lakeside Way, NE
Atlanta, Georgia 30319

For vehicular damages alleged to have been sustained as a result of a vehicular accident with a BFI Recycling truck on August 9, 2000 at 835 Berne Street, SE.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0611

Date: October 20, 2000

Claimant /Victim JOCELYN BLANCO
BY: (Atty) (Ins. Co.) _____
Address: 1333 Lakeside Way, NE, Apt 202, Atlanta, Georgia 30319
Subrogation: _____ Claim for Property damage \$ 3,500.00 Bodily Injury \$ _____
Date of Notice: 9/20/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 8/9/00 Place: 835 Berne Street, SE
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her parked vehicle sustained damage when it was struck by a sanitation truck. However, an investigation determined that claimant's vehicle was struck by a BFI recycling truck. Claimant has been advised to file her claim with that company.


INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

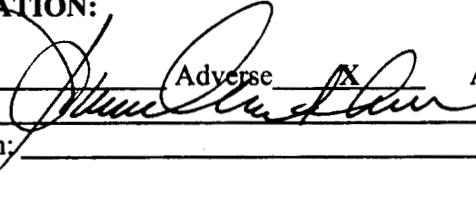
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

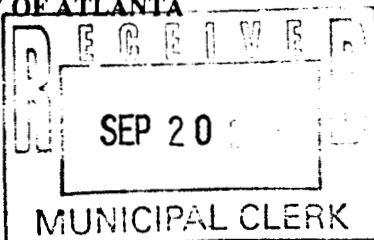
Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 10-20-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA

MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

Dear Municipal Clerk:



RE: CLAIM FOR DAMAGES

Today's Date: 9/18/00

09-20-00P01:41 RCVD

ENTERED - 10-9-00 - SB
00LO611 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3500.00 property and/or \$ 3500.00 bodily injury for which I contend the City is liable.

- Date of incident: 8/9/00 (month/day/ year) 2. Time of Incident: 6:30 AM 3. Police called: K Yes No
- Location of incident (including street address): 835 Bern St Atlanta, GA 30316 (on street in front of house)
- Name of your insurance company: Nationwide Insurance Co Policy No. 7710A 202620
- State what and how incident occurred: My bedroom window faces the street. I woke up to a large crashing noise, followed by the sound of a truck driving past. My car alarm went off, I deactivated it from the house, went outside to examine the damage, resulting in a dent on left rear with scratches and left (driver's) mirror on the ground.
- ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
- The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Toyota '98 649 MLM Jocelyn Blanco
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: Recycling Truck
(Make) (City Driver's Name) (Department/Bureau)
- Witness: _____
(Name) (Address) (Telephone Number)
- The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
- This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Jocelyn M. Blanco
Signature of Claimant

Jocelyn Blanco
(Print Claimant's Name)

1333 Lakeside Way, NE Apt 202
(Address)

Atlanta, GA 30319
(City, State and Zip Code)

(770) 856-0994 (678) 547-0987
(Work Number) (Home Number)

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